MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/701114   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4		①						54						
5		①						55						
6		①						56						
7		①						57						
8		①						58						
9		①						59						
10		①						60						
11		①						61						
12		①						62						
13		①						63						
14	1							64						
15	1							65						
16	1							66						
17		①						67						
18		①						68						
19		①						69						
20		①						70						
21		①						71						
22		①						72						
23		①						73						
24		①						74						
25		①						75						
26		①						76						
27		①						77						
28		①						78						
29		①						79						
30		①						80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	27							TOTAL DEP.						
TOTAL CLAIMS	31							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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